



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

September 4, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hacienda Real, 3130 Pine Lake Road requesting a class C/K liquor license. This location was previously known as Carlos O'Kelly's which held a class C liquor license.

Aurora Curiel has requested that she be approved as the manager of the liquor license. She has completed the required management training.

The areas of concern were disclosed during the interview and involved liquor license violations. Aurora Curiel (President) held a liquor license (license #07-77586-0000) in Boulder, CO with Margarito Mora as the registered manager, during the period of 12-3-2004 to 6-28-2011, DBA Playa Azul, located at or near 30th & Arapahoe. During the six year period she held the license, there were three liquor license violations.

6-18-06: Sale to minor. **4 days suspension with 10 days held in abeyance.** They served the 4 days and were given the condition they were not allowed any violations for one year. (Ms. Cook said this was probably related to a compliance check.)

7-18-07: two violations of sale to a minor and one count of inappropriate conduct by the business. **15 days suspension and 29 days held in abeyance.** 15 days were served, with conditions.

6-17-09: for counts of sale to a minor, one count of alcohol service after hours and one count of inappropriate conduct. **12 days suspension with 43 days held in abeyance.** Additionally they were given a number of conditions, such as no further violations within a predetermined length of time and they were not allowed to renew their license without going through a full reapplication process.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONTrade Name (doing business as) HACIENDA REALStreet Address #1 3130 PINE LAKE ROAD

Street Address #2 _____

City LINCOLNCounty LANCASTERZip Code 68156Premise Telephone number NABusiness e-mail address NA

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name AURORA CURIEL LOMELYStreet Address #1 3130 Pine Lake Rd

Street Address #2 _____

City LincolnState NEZip Code 68156**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. **No blue prints please.** Be sure to indicate the direction **north** and **number of floors** of the building.

****For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 81.5 x width 65.5 in feetIs there a basement to be licensed? Yes _____ No K If yes, length _____ x width _____ in feetIs there an outdoor area? Yes _____ No K If yes, length _____ x width _____ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See Att.**RECEIVED**

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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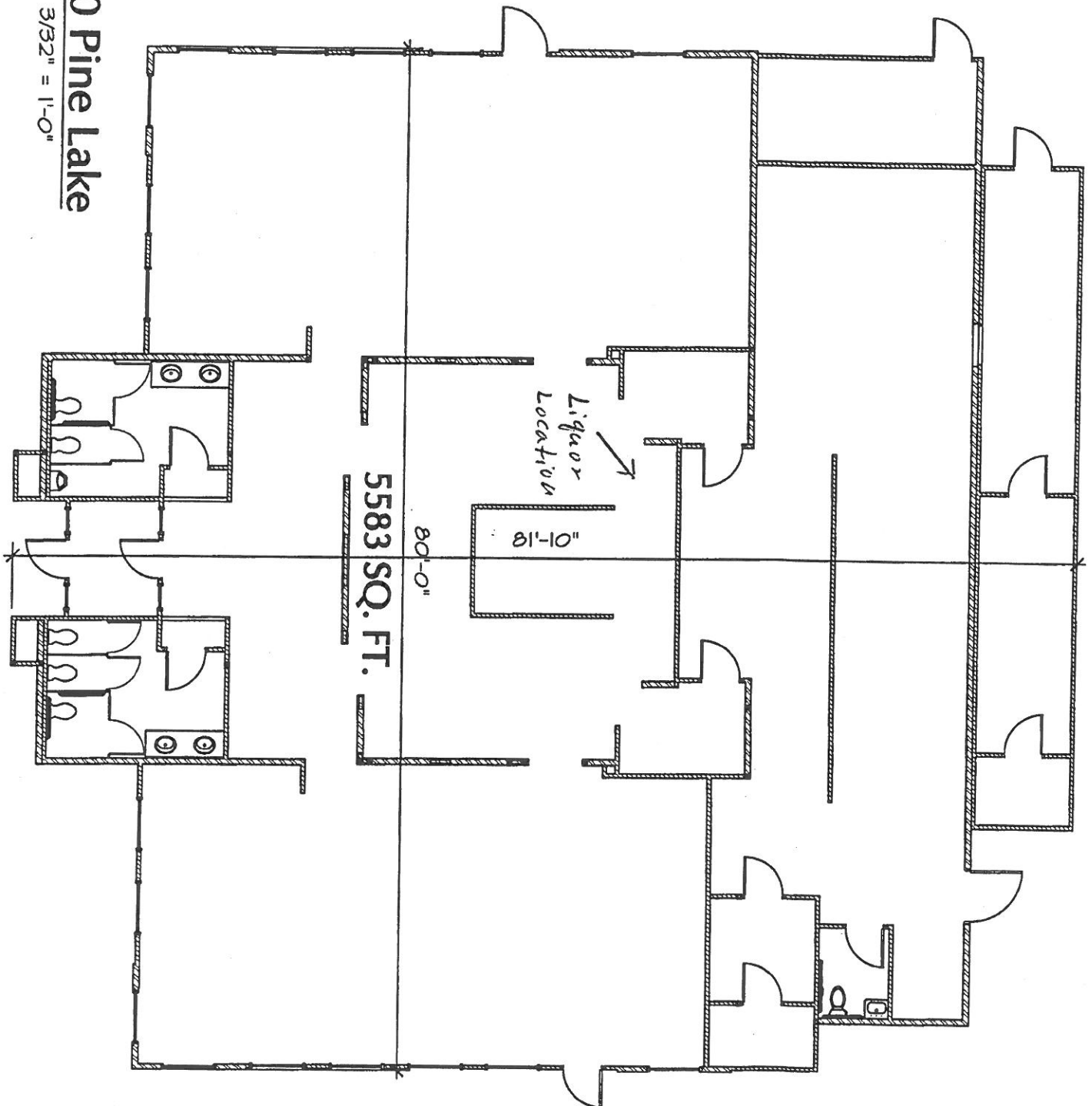
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CONTROL COMMISSION



PLAN

3130 Pine Lake
SCALE: 3/32" = 1'-0"



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. Include traffic violations. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

☐ YES ☒ NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
N/A				

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2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

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If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number **CARLO O'KELLY**

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (TOP) (form 125)

b) TOP will only be accepted at a location that currently holds a valid liquor license.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: AURORA CURIEL

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

HACIENDA REAL LLC

LLC Address: 6100 VINE STREET APT Y 188

City: LINCOLN State: NE Zip Code: 68505

LLC Phone Number: 402 570 7939 LLC Fax Number: 866 262 7564

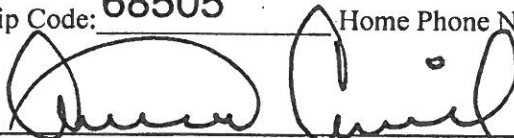
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: CURIEL First Name: AURORA MI: _____

Home Address: 6100 VINE STREET APT Y 188 City: LINCOLN

State: NE Zip Code: 68505 Home Phone Number: 402 570 8614



Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln

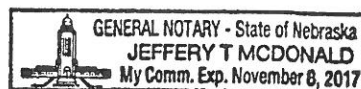
The foregoing instrument was acknowledged before me this

11 July, 2014

by Aurora Curiel
name of person acknowledge

Date

Affix Seal



FORM 102
REV 12/2010
Page 1 of 4

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: CURIEL First Name: AURORA MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): MARGARITO MORA

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 80%

Last Name: CURIEL First Name: FERNANDO MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A- SINGLE

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 20 %

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: JUL 23 2014

Percentage of member ownership _____

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Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: **HACIENDA REAL LLC**

Premise information

Liquor License Number: _____ Class Type _____
(if new application leave blank)

Premise Trade Name/DBA: **HACIENDA REAL**

Premise Street Address: **3130 PINE LAKE RD, LINCOLN**

City: **LINCOLN** County: **LANCASTER** Zip Code: **68516**

Premise Phone Number: _____

Email address: **productoscampesinos@gmail.com**

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: CURIEL First Name: AURORA MI: _____
Home Address (include PO Box if applicable): 6100 VINE STREET APT Y 188
City: LINCOLN, NE County: LANCASTER Zip Code: 68505
Home Phone Number: 402-570-8416 Business Phone Number: 402-570-7939
Social Security Number: _____ Drivers License Number & State: NE - _____
Date Of Birth: _____ Place Of Birth: JALISCO-MEXICO
Email address: productoscampasino@gmail.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: MORA First Name: MARGARITO MI: _____
Social Security Number: _____ Drivers License Number & State: NE - _____
Date Of Birth: _____ Place Of Birth: JALISCO, MEXICO

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
MONTROSE-CO	1999	2004	MONTROSE-CO	1999	2004
BOULDER-CO	2004	2009	BOULDER-CO	2004	2009
LINCOLN, NE	2009	2014	LINCOLN, NE	2009	2014

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2011	PLAYA AZUL INC		
2011	2014	TEPANTLA CO		

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☒ YES ☐ NO

IF YES, list the name of the premise(s):

Colorado

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
AURORA CUIEL	2005	MANAGER TRAINING

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
AURORA CUIEL	1995-1999	FIESTA GUADALAJARA-LAYTON UT
AURORA CUIEL	2000-2004	FIESTA GUADALAJARA-MONROSE - CO

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5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

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No

CERTIFICATE OF NATURALIZATION

STATE OF NEBRASKA

Personal description of holder
as of date of naturalization:

Date of birth:

Sex: FEMALE

Height: 5 feet 2 inches

Marital status: DIVORCED

Country of former nationality:
MEXICO

INS Registration No.

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me

Aurora Curiel
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General
at: DENVER, COLORADO

The Attorney General having found that:
AURORA CURIEL

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and was
witnessed to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the

U.S. IMMIGRATION AND NATURALIZATION SERVICE

at: DENVER, COLORADO

on: AUGUST 04, 2004

that such person is admitted as a citizen of the United States of America.

